

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

A.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Transaction ID: SB23.12157

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	5

Mailing Address 3161 Dixie Highway
Suite F

Amount of Each Disbursement this Period

City Erlanger State KY Zip Code 41018

1000.00									
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Purpose of Disbursement
Contribution
☐

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2005
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

LEE TERRY FOR CONGRESS

Transaction ID: SB23.12159

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	5

Mailing Address P.O. Box 540098

Amount of Each Disbursement this Period

City Omaha State NE Zip Code 68154

1000.00									
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Purpose of Disbursement
Contribution
☐

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2005
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 02

C.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Transaction ID: SB23.12146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	5

Mailing Address PO BOX 3176

Amount of Each Disbursement this Period

City LONG BRANCH State NJ Zip Code 07740

1000.00									
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Purpose of Disbursement
Contribution
☐

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2005
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)